

Coverage	IHC Preferred	IHC Basic	IHC 50	IHC 30/50	IHC 30	IHC 15
Primary Care Physician	\$30 copay	\$30 copay	\$50 copay	\$30 copay	\$30 copay	\$15 copay
Specialist Office Visits	\$30 copay	\$30 copay; plan pays a maximum of \$700 per calendar year	\$50 copay	\$50 copay	\$30 copay	\$15 copay
Outpatient X-ray and Laboratory Services	100%	100%	\$50 copay	\$50 copay	\$30 copay	\$15 copay
Well Baby/Child Care	\$30 copay	\$30 copay	\$50 copay	\$30 copay	\$30 copay	\$15 copay
Hospital Services Inpatient	\$500 copay/ confinement, then covered at 100%	\$500 copay/ confinement, then covered at 100%; maximum 90 days/calendar year	\$500 copay/day. Maximum 5 days/admission; \$5,000 maximum copay/calendar year	\$300 copay/day. Maximum 5 days/admission; \$3,000 maximum copay/calendar year	\$300 copay/day. Maximum 5 days/admission; \$3,000 maximum copay/calendar year	\$150 copay/day. Maximum 5 days/admission; \$1,500 maximum copay/calendar year
Prenatal Care	\$50 copay for initial visit, subsequent visits covered in full. Inpatient: see Hospital Services Inpatient.	See Hospital Services Inpatient; 1st three prenatal visits covered as Specialists office visits. Delivery and newborn are covered; Prenatal (with the exception of 1st three office visits and Postnatal not covered)	\$50 copay for the initial visit	\$30 copay for the initial visit	\$25 copay for the initial visit; subsequent visits covered in full	\$25 copay for the initial visit; subsequent visit covered in full
Emergency Room	\$100 copay per visit	\$100 copay per visit	\$100 copay per visit*	\$100 copay per visit*	\$100 copay per visit*	\$100 copay per visit*
Outpatient and Ambulatory Surgery	\$250 copay per surgery, then 100%	\$250 copay per surgery, then 100%	Facility - \$100 copay Practitioner - \$50 copay	Facility - \$100 copay Practitioner - \$50 copay	Facility - \$30 copay Practitioner - \$30 copay	Facility - \$15 copay Practitioner - \$15 copay
Non-Biologically Based Mental Illness	Not covered	Not covered	<u>Outpatient:</u> \$50 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$500 copay/day; maximum 5 days/admission; \$5000 maximum copay/year combined with substance abuse	<u>Outpatient:</u> \$50 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$300 copay/day; maximum 5 days/admission; \$3000 maximum copay/year combined with substance abuse	<u>Outpatient:</u> \$30 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$300 copay/day; maximum 5 days/admission; \$3000 maximum copay/year combined with substance abuse	<u>Outpatient:</u> \$15 copay; maximum 20 visits/calendar year combined with substance abuse <u>Inpatient:</u> \$150 copay/day; maximum 5 days/admission; \$1500 maximum copay/year combined with substance abuse

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Biologically Based Mental Illness	<u>Outpatient</u> : plan pays 70%; 30 visits/calendar year <u>Inpatient</u> : \$500 copay/confinement	<u>Outpatient</u> : plan pays 70%; 30 visits/calendar year <u>Inpatient</u> : \$500 copay/confinement; 90 days maximum/calendar year	<u>Outpatient</u> : \$50 copay <u>Inpatient</u> : \$500 copay/day; maximum 5 days/admission; \$5000 maximum copay/year	<u>Outpatient</u> : \$50 copay <u>Inpatient</u> : \$300 copay/day; maximum 5 days/admission; \$3000 maximum copay/year	<u>Outpatient</u> : \$30 copay <u>Inpatient</u> : \$250 copay/day; maximum 5 days/admission; \$3000 maximum copay/year	<u>Outpatient</u> : \$15 copay <u>Inpatient</u> : \$150 copay/day; maximum 5 days/admission; \$1500 maximum copay/year
Substance Abuse	<u>Outpatient</u> : plan pays 70%; 30 visits/calendar year combined with alcohol abuse <u>Inpatient</u> : \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with alcohol abuse	<u>Outpatient</u> : plan pays 70%; 30 visits/calendar year combined with alcohol abuse <u>Inpatient</u> : \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with alcohol abuse	<u>Outpatient</u> : \$50 copay; maximum 20 visits/calendar year combined with non-biologically based mental illness <u>Inpatient</u> : \$500 copay/day; maximum 5 days/admission; \$5000 maximum copay/year combined with non-biologically based mental illness.	<u>Outpatient</u> : \$50 copay; maximum 20 visits/calendar year combined with non-biologically based mental illness. <u>Inpatient</u> : \$300 copay/day; maximum 5 days/admission; \$3000 maximum copay/year combined with non-biologically based mental illness.	<u>Outpatient</u> : \$30 copay; maximum 20 visits/calendar year combined with non-biologically based mental illness. <u>Inpatient</u> : \$300 copay/day; maximum 5 days/admission; \$3000 maximum copay/year combined with non-biologically based mental illness.	<u>Outpatient</u> : \$15 copay; maximum 20 visits/calendar year combined with non-biologically based mental illness. <u>Inpatient</u> : \$150 copay/day; maximum 5 days/admission; \$1500 maximum copay/year combined with non-biologically based mental illness.
Alcohol Abuse	<u>Outpatient</u> : plan pays 70%; 30 visits/calendar year combined with substance abuse <u>Inpatient</u> : \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with substance abuse	<u>Outpatient</u> : plan pays 70%; 30 visits/calendar year combined with substance abuse <u>Inpatient</u> : \$500 copay/confinement then pays 70%; 30 days maximum/calendar year combined with substance abuse	<i>See biologically based mental illness</i>	<i>See biologically based mental illness</i>	<i>See biologically based mental illness</i>	<i>See biologically based mental illness</i>
Pre-admission Testing	100%	100%	\$50 copay	\$50 copay	\$30 copay	\$15 copay
Prescription Drug	Plan pays 50% up to \$1500 per person per year	Not covered	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

* Credited toward inpatient admission if admission occurs within 24 hours of the emergency.

This listing of benefits and services is only a summary. For a more detailed description of benefits, exclusions, and limitations, refer to the IHC contract.